Joint MPH Program
University of Gondar and Addis Continental Institute of Public Health

Fertility Desire and FP use in People living with HIV on Pre-ART and ART Care in Public facilities of Addis Ababa City Administration

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Abbreviations

ART: Antiretroviral Treatment

AIDS: Acquired Immune deficiency Virus

AOR: Adjusted odds Ratio

CI: Confidence Interval

HIV: Human Immune-deficiency Virus

PRE-ART: Pre Antiretroviral treatment

SRH: Sexual and Reproductive health

RH: Reproductive Health

FP: Family planning

OR: Odds Ration

PLHIV: People living with HIV/AIDS

WHO: World health organization

UNFPA: United nation Population fund

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Abstract

Background: Little information exists on the desire to have children and FP use of PLHIV in Ethiopia.

The objectives of the study were to assess and identify factors that affect the desire for children and FP use in women living with HIV who are under care and follow up in Addis Ababa:

Methods: a cross sectional study design using quantitative qualitative methods was employed. **Results**: A total of 421 study subjects were participated in the study and 10 in-depth interviews were conducted. Significant number of individuals has a desire to have child. Out of the 421 women PLHIV, 174 (41.3%) have desire to have child/children. Having no live births and the desire of the husband or sexual partner for having children have significant association with the desire for children with AOR and 95% CI of 386(2.64, 56475) and 145(15.8, 1324) respectively. After they learn their HIV status currently only 191 (45.3 %) of the respondents use FP methods, of these 60.7% use condom while 18.3 % use Injectables. Having sex within the last six months have association for FP use with AOR, CI, and p-value of 7.2 (2.6, 19.6), 0.00, respectively. **Conclusions and Recommendations**: The high fertility desire has an important implication for programmes to address the sexual and reproductive health needs of women living with HIV. SRH counseling for PLHIV needs to address different factors and encourage couple counseling. Comprehensive FP counseling and services should be available for PLHIV. Providers need to be equipped and updated with the necessary knowledge and skill to provide the different FP services for PLHIV. Dual method used should have to be encouraged for PLHIV for prevention of unintended pregnancy and also for positive prevention.

1. Introduction

In Ethiopia it is estimated that there are currently 1,116,216 numbers of people living with HIV, the adult HIV prevalence being 2.3% (2.8% for females and 1.8% for males) and there are 886,820 estimated numbers of AIDS Orphans. (1) In 2009, the estimated number of PLHA who are in need of ART are 336,160 from these currently 125,631 AIDS patients are on ART, out of this 7037 are children under the age of 14 yrs. (2) Besides the dominant heterosexual transmission, vertical virus transmission from mother to child accounts for more than 90% of pediatrics AIDS. [1]

Little information exists on the desire to have children and FP need of people living with HIV. How different factors are affecting these and other Sexual and Reproductive health needs either in favor of their needs or against their needs is not much known especially in Ethiopia. This information are very important in order to address the different SRH needs of PLWH which includes to get comprehensive sexual and reproductive health counseling and services that includes prevention of unintended pregnancy, prevention of vertical transmission of HIV from mother to child and how to address their desire to have child without compromising the health of the mother.

In Ethiopia we do not have much study that looks through the fertility desire and FP need of HIV positive people. What is the effect of being infected with HIV in terms of fertility desire and the use of Family Planning? Is there any change in the use of FP before and after knowing the HIV status? What is the effect of the use of ART in fertility desire and FP use? What are the determinant socio-demographic factors for fertility desire and FP use in women living with HIV?

[1] Taken from the Guideline for Prevention of Mother to Child transmission of HIV in Ethiopia, HAPCO/MOH, July 2007

This study was designed to answer the above questions and other related questions. Knowing the desire and FP use in People living with HIV, the determinant factors related to it will be important to design appropriate strategies to address the fertility desire and FP need of People living with HIV, prevent the transmission of HIV from Mother to child including prevention of unintended pregnancy in HIV positive people by addressing the barriers for the use of FP use

2. Literature Review

2.1. Effect of HIV on fertility and desire for children

One effect of HIV/AIDS on individuals and society at large is change in fertility level. (3,4) Different studied in Sub-Saharan African countries have found that behaviors that have largely influenced by AIDS education such as increased condom use, delayed on set of sexual relationship, older age at first union and fewer premarital sexual relationship have driven down fertility rates. (3,4,5)

A qualitative study on SRH needs of HIV positive women studied by EngenderHealth shows that despite the importance of fertility and reproduction and personal desire to have more children, most women and male partners of HIV-positive women said that they were willing to settle for not having any children due to their infection or being contented with the existing number of children or the last pregnancy (for those screened through antenatal care). Reasons for limiting births included fear of community judgment and discrimination, fear of vertical transmission to children and concern about their physical and economic capacity to raise children given the uncertain nature of disease manifestation. Some considered further childbearing acceptable in situations where one partner was sero-discordant and therefore available to raise the child. (6)

In societies with high HIV/AIDS prevalence rates behavioral influences may led to HIV positive couples to limit family size due to concern about living orphans behind after an early death or transmitting infection to the child, though others may desire large family to ensure survival of children. (3,5)

Biological mechanisms also influence fertility rates in HIV positive men and women. HIV may induce sterility, increase fetal mortality, decrease production of spermatozoa and sometimes

decrease frequency of sexual intercourse all contributing to declining fertility rates (10). HIV infected women experience reduced pregnancy rates, higher rates of menstrual irregularities, planned abortion and miscarriage. (3,4)

Women infected with HIV, the stages of AIDS may face lower fertility rates. In addition HIV may indirectly affect fertility due to co-infection with another sexual transmitted diseases and complication of HIV such as increased risk of cervical carcinoma, early menopause and severe wasting may also contribute to infertility in women. (3)

The Optimization of antiretroviral therapy has led to great improvement in both the quality of life and the life expectancy of PLWH, at least in countries where HAART is widely available. Nowadays, HIV infection can be seen as chronic but treatable disease. This 'normalization' has encouraged many positive men and women to include perspectives in planning of their life that had been previously seen as being impossible to fulfill. Planning a family is among these perspectives. (7)

The HIV cost and service utilization study, which examined fertility desire of large sample of HIV positive men and women in US, reveals that 28% of HIV positive heterosexuals' men and 29% of HIV positive women who received medical care desired children in the future. (8)

Studies from African countries have shown fertility desire among African HIV positive men and women. In Zimbabwe among 16 interviewed HIV positive pregnant women 7 of the pregnancies were desired. In another study in Yaounde Camerone one third of 40 HIV positive men and women responding to a questionnaire said that the primary reason they had unprotected sex was because they wish to have a child. (9)

Different studies indicated that a high proportion of HIV positive men and women desire for children. However their fertility desire was dependent on different factors besides their HV status. Study from USA and Nigeria on HIV positive women and men showed that the desire for children were more in those who were young , married, or had sexual partners, had fewer children and those who had partners who would like to have children. (8) In terms of personal health those who desire children had higher self-rating of physical functioning and overall health. (8)

For any women in developing nation child bearing is not only motherhood it is a primary source of self esteem but HIV infected women have additional reasons for child bearing. In Kenya HIV positive women desired pregnancy to replace a child lost due to AIDS. Pregnancy may provide hope for future or prospective of care for a child may give HIV positive women reason to go on living. On top of these some HIV positive women may not be able to accept their diagnosis, denying it become pregnant. Other may become pregnant to conceal their HIV status from relatives especially in- Laws. (9)

In Zimbabwe, as in most places the desire of women to have children is rooted in context of a need for both love and financial security and some women have personal satisfaction in having children. (9)

Individuals who experienced improved health while on HAART were significantly more likely to express a desire for parenthood. (10) In addition providers play a large role in influencing how women feel about future child bearing. (11)

2.2. Demands for FP and Sexuality

Preventing unintended pregnancy among HIV positive women is an effective approach to reducing pediatrics HIV infection and vital to meeting HIV positive women's SRH needs. (12, 13 ,14). Adding voluntary FP service on PMTCT service can prevent an additional 55000 child death and more than 150,000 unintended pregnancies in high prevalence countries. (12)

FP for both HIV positive and negative women safeguard their health by enabling them to space births and to reduce the HIV positive women's vulnerabilities to morbidity and mortality related to pregnancy and lactation. In addition reducing unintended pregnancy among HIV positive women through FP reduces the number of children potentially orphaned when parents die of AIDS related illness. (13)

EngenderHealth qualitative study shows that all women and male partners interviewed stated that they had been clearly counseled by providers to avoid pregnancy and for that matter sexual intercourse. Unmarried women reported that they were generally not allowed or expected to marry or have sexual contact. Misinformation about sexuality and reproduction were commonly reported by respondents, many of whom had been counseled to practice abstinence, severely limit the duration and frequency of any sexual contact for medical reasons, or reduce having a satisfying sex life. As such, women and male partners of HIV-positive women spoke about how they struggled with issues of sexuality and sexual relationships. Many had feelings of guilt over having sexual desire, spoke about the difficulty they had in abstaining or limiting forms of sexual interactions as they were counseled to do. Many reported that they were counseled about how sexual desires and sexual rapport weakens the immune system and makes them more vulnerable. (6)

HIV-positive women's and male partners' knowledge of family planning methods were mostly limited to condoms, in some cases, oral contraceptives and implants. Very few providers said they ever recommended a contraceptive method other than condoms or they recommended abstinence, mostly due to misconceptions about appropriateness of most contraceptives for women who were HIV-positive or on ARVs and also fear that that discussing other methods may dissuade clients from using condoms. Very few providers discussed other family planning methods as alternatives to women who could not use condoms or as a second method ('dual method' use for dual protection) to prevent unintended pregnancy. Some women spoke about their struggle to get information on other methods from providers. Most providers interviewed were not sensitive to the challenge women faced in negotiating condom use and abstinence with male partners. Both these issues were commonly cited by both women and male partners. The advantages of dual methods and hence the practice of offering women two methods were rarely reported by providers. (6)

2.3. Family Planning in People living with HIV

Multiple factors contribute to how HIV infected women would decide to begin FP or which method to use. In in-depth interview done in Kenya among 24 HIV positive women 20 expressed why they are decide to use the specific method they are using. Most common reasons mentioned for using FP include the directive counseling from FP providers, being HIV positive and marked deterioration in their health. Women who did not intend to use FP identified side effects as a major reason for not to intend to use FP. (11)

HIV infection among children is an increasingly serious Public Health problem, threatening previous gains in reducing child mortality. Mother to child transmission (MTCT) causes more

than 90% of all HIV infections in children under 15 years. PMTCT has become an essential element of the worldwide HIV/AIDS control strategy. The declaration of commitment adopted at the United Nations General Assembly Special Session on AIDS (UNGASS) set a goal of reducing the proportion of infants infected with HIV by 20% by 2005, and by 50% by 2010. (15)

The severity of the problem of MTCT of HIV in Sub-Saharan Africa is due to high rate of HIV infection in women of reproductive age, the large total population of women of reproductive age, high birth rates, and the lack of effective MTCT prevention interventions. (16)

WHO and UNFPA stated that Contraception- the Best kept secret in HIV prevention, FP is the potent instrument in preventing HIV in women and children. FP programmes that emphasize the promotion of condom for dual protection (either alone or with another contraceptive method) in countries affected by HIV protect women from being infected in the first place.

Such programmes should be expanded and intensified to meet a large unmeet for FP among all women, whether they know their status or not. Infected women who know their status are in particular need of services that can help them to make informed Reproductive decisions and provide them with contraception option, if and when desired. This, in turn can be expected to avert HIV infection in infants by enabling interested women to prevent or delay pregnancies. FP provides essential benefits by saving lives and enhancing the health status of the women and their families. Enabling women to time and space births lead to important improvements in their health, combats maternal mortality, and significantly increases child survival. (17)

Therefore preventing unintended pregnancy among HIV positive women through FP counseling and services is one of the four cornerstones of a comprehensive programme for PMTCT. Reducing unintended pregnancies among HIV positive women through FP reduced the number

of children potentially orphaned when parents die of AIDS related illness. It also reduces HIV positive women's vulnerability to morbidity and mortality related to pregnancy and lactation. It avoids unintended pregnancy to which the test result is negative (but is sexually active, of reproductive age, and at risk of infection). In addition FP for both HIV Positive and Negative women safe guards their health by enabling them to space births. In all cases, FP is critical to the PMTCT of HIV and to reduce the number of AIDS orphans. (18)

3. Objectives

3.1. General Objective:

To assess the fertility desire and level of family planning use and determine factors associated with fertility desire, family planning use and intention among women in HIV care and treatment program

3.2. Specific Objectives of the study were:

- To assess the fertility desire and level of family planning use and intentions among women in HIV care and treatment program
- To identify determinants of fertility desire in women living with HIV who are in care and treatment program
- To identify determinants of family planning use in women living with HIV who are in care and treatment program

4. Methodology

4.1. Study Area and Period

The study was conducted in four referral Hospital and six health centers under Addis Ababa city administration. The referral Hospital selected for the study were Yekatit, Zeweditu, Ras Desta and Ghandi Hospitals while the health centers were Gullele, Selam, Sheromeda, Yeka , Bole rewanda and Woreda 17 . All the referral Hospitals under Addis Ababa Regional Health Bureau are included while the six health centers are selected using the lottery method among the 27 health centers.

Until November 2008, there are about 70,805 ever enrolled, 41,075 ever started and 30, 826 currently on ART PLHIV in 36 public health facilities in nine Hospitals and 27 Health centers in Addis Ababa. (2) Study Period is from December 2008 to June 2009

4.2. Study Design

Facility–based cross sectional design that uses quantitative data collection method supplemented by qualitative in depth interview was carried out in sample health facilities under Addis Ababa Health Bureau ARV treatment units.

4.3. Source Population

The source population was all female PLHIV who are on follow up care in Addis Ababa city administration public health facilities' ART Program units during the study period

4.4. Study Population

The study populations were all female PLHIV who had at least one visit to the selected hospitals and health centers ARV treatment units during the study period.

Inclusion Criteria

People Living with HIV (PLHIV): Those women in reproductive age group (15-49) who had at least one visit in the selected Hospitals and Health centers ARV treatment units.

Exclusion Criteria

All PLWH, who are unable to hear, mentally retarded, seriously ill and those younger or older than the age specified in the inclusion criteria will be excluded from the study population.

4.4. Sample Size and Sampling

Quantitative Method

Two approaches were used to determine the sample size. First, to determine the level family planning use and desire, we used a single proportion formula using the following:

$$n = \frac{(Z\ \alpha/2)^2\ P\ (1-P)}{d^2}$$

$$n = \frac{(1.96)^2 \times 0.47(1-0.47)}{(0.05)^2}$$

n= 383

None response rate 10%= 38

38 +383= 421 required sample size

n=required sample size

Z=Standard score corresponding to 95% CI

p=Assumed proportion of fertility desire

d=the margin of error (precision) 5%

None response rate=10%

Qualitative Method

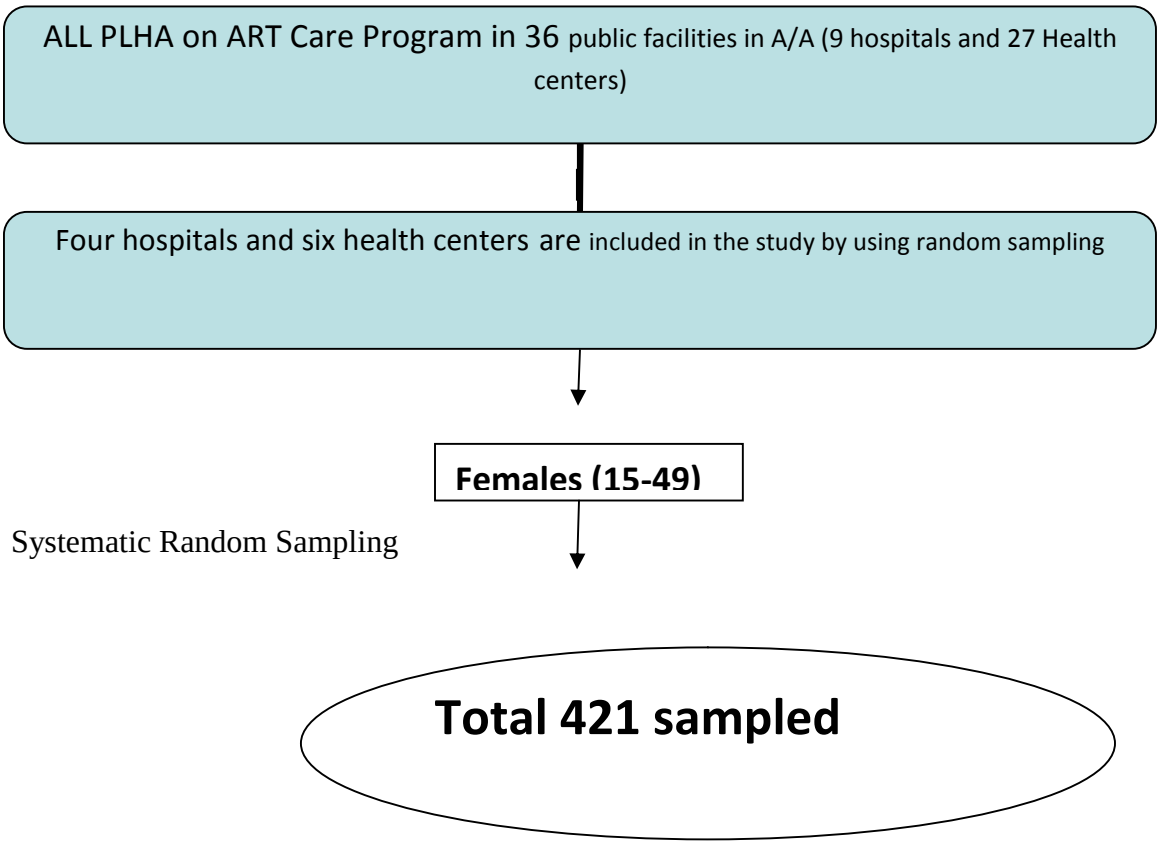
For the in-depth interview, purposive sampling technique was used and a total of 10 in-depth interviews were conducted (7 with PLHIV and 3 with ART providers). Further interview was not required since the point of redundancy has been reached with the 10 in-depth interviews.

Sampling Procedure

Quantitative study:

Four hospitals and 6 health centers that are providing ART service were randomly selected and included in the study from pre-prepared sampling frame that consist the names of the 27 health centers and 9 hospitals that are currently providing ART care Programme. The calculated sample was used to recruit study subjects from the selected health facilities' ART units proportional to the units' client size. To select study subjects within each stratum, systematic random sampling was used. First the average number of clients who visit the ARV treatment units daily during data collection period was estimated based on the previous daily client flow of the units. This was obtained by referring client registration book/client record a month prior to data collection. Every willing female PLHIV clients' in the age group 15-49 were interviewed until the adequate number is reached throughout the data collection period in each health facilities.

Fig.1. Diagrammatic presentation of the sampling procedure used for the study, may 2009



Qualitative Method

Purposive sampling was used to select a total of 10 in-depth interview respondents that includes seven PLHIV and three ART service providers from the sample health facilities' ART units. The qualitative data was collected by the principal investigator. All the transcription, coding and thematic analysis was conducted by the principal investigator.

4.5. Data Collection tools and Procedures

A structured questionnaire will be used for the quantitative study. Initially it will be prepared in English and then will be translated in to Amharic. The Amharic version will be back translated in to English to check for consistency and ensure the quality of translation. The main thematic areas of the questionnaire include: Socio-demographic characteristics, Pregnancy intension and desire to have child/children, use of FP services before and after knowing the HIV status, the use of FP service and general data on HIV plus ART.

For the qualitative data collection an open ended semi-structured interview guide was used which include areas like socio-demographic conditions, child desire, and effect of HIV on child desire, effect of ART on the use of FP, other factors that positively or negatively affecting child desire and the use of FP.

Pre-testing the Questionnaire

The structured questionnaire was pre-tested in 10% of the sample size of PLWH in the selected health facilities' ARV treatment units by the providers working in the same unit. This has helped to see the clarity, simplicity and flow of the questions, the appropriateness of the language in the

local context, to estimate the time spent during interview, to identify skip patterns and so on. Subjects who were involved in the pre-test were excluded from the study.

Data Collection

Data were collected from May 11 to June 7, 2009. For administrating the structured questionnaire 10 data collectors were recruited at the study sites that are working in ART units. These data collectors were selected by criteria which include experience in working with HIV positive people related to ART, FP and other SRH matters. Three of the data collectors have BSC degree on nursing, and the rest are nurses. One day training was given on the objectives, rationale, content, ethical considerations and on the techniques of the interview that includes demonstration, role play and then pre-testing the questionnaires with real clients.

Two supervisors were trained with the data collectors and supervised the data collection process throughout the data collection period along with the principal investigator. Morning sessions were held among the data collectors, their supervisors and principal investigator to discuss their experience and reported and identified challenges will be solved. All field questionnaires were reviewed each night and errors corrected.

The qualitative data was collected by the principal investigator. In addition to the field notes, tape recorder was used for capturing the qualitative data during the in-depth interview based on the consent of the in-depth interview informant. The qualitative data is collected with the purpose of complementing the quantitative data.

Variables

The independent variables include:

- Socio-demographic characteristics (Age, sex, marital status, education, religion, occupation, ethnicity)
- Number of live births
- Number of alive children
- Partners' HIV status
- Partners' desire for children
- Attitude of PLHIV for pregnancy and child birth
- Sex for the last six months
- Duration since HIV diagnosis
- Duration since initiation of ART
- FP use before and after HIV diagnosis
- Current FP use

Dependent/outcome variables:

- Fertility desire and FP use

4.6. Data quality assurance

Data quality was ensured starting from preparing the data collection instruments, throughout the data collection and entering of the data. Data collectors have got proper training and guidance. Pretesting of the structured questionnaire has been done and the in-puts were used to refine and enrich the questionnaire. Supervision during the data collection was done by supervisors and the principal investigator.

The qualitative data is collected by the principal investigator. Informed consent was taken from the in-depth interview respondents. Privacy and confidentiality was ensured during the data collection process.

4.7. Data analysis

Initially data template format was prepared using the EPI info version 3.3.2., the data was entered in using this template. Further the data entered using the EPI info was transformed in to the SPSS version 15 computer soft ware and analyzed. Errors related to inconsistency of data were checked and removed using the data cleaning. Using transform the data was made easy for analysis. Univariate analysis was done and descriptive statistics frequency distribution such as proportions, percentages and ratios were computed. In addition measures of central tendency (mean, median and mode) and measures of dispersion such as standard deviation and variances, graphic presentations were used for describing the data.

Bivariate analysis performed to see association between two variables, one of the independent variable (socio-demographic and others) with Fertility desire or current FP use. To identify predictors for the outcome variables (Fertility desire and current FP use) multivariate analysis was done and using logistic regression the effect of confounding was controlled. Variables

included in the multivariate analysis were limited to those that have significant association during the bivariate analysis.

Regarding the qualitative data all the audio taped data was transcribed. The transcript was translated in to English. The translated transcript was reviewed and examined line by line and then categorized in to primary themes. Later data was reviewed and combined in to broader concepts. The concepts were further refined in to themes.

4.8. Operational Definitions

- PLHIV on follow up care: are those people living with HIV who had at least one visit to the selected ART unit in one of the selected health facilities, for care and support that may or may not started ART
- Desire for child/children: those PLWH on follow up care who would like to have a child in the future
- FP use: use of one of the family planning methods for the purpose of spacing or limiting the size of the family
- Demand for FP: PLWH on follow up care that are not using FP currently but want to use in the future
- Reproductive decision: refers to the intension of the individual to give birth to a child or use of FP method

4.9. Ethical clearance and Considerations

Ethical clearance and approval of the study was obtained from ethical review committee of Addis Continental Institute of Public Health and Addis Ababa Regional health Bureau after important inputs from the two offices were incorporated. A formal letter was written from the health Bureau to all the study facilities ensuring the approval and the necessary facilitation for smooth undertaking for the study. Facilities were contacted and have facilitated the study. Verbal consent was taken from all the respondents and written consent was taken from those respondents who are comfortable, and only those who are volunteers to participate in the study were included. Since the data collectors used were those who have in some way contact to the respondents the issue of confidentiality was ensured and the issue of disclosure to some other staffs was limited.

4.10. Dissemination of results

The study will be presented to Addis Continental Institute of Public Health and copies of the study will be given to ACIPH, the Ethiopian Public Health Association and UNFPA. Publication and presentation of the findings locally and internationally will be considered.

5. Results

Section one: Quantitative study result

All the eligible respondents have agreed to participate in the study making the response rate 100%. Most of the study participants were from Zeweditu Hospital 106 (25%) and Yekatit 12 Hospital 90 (21%) ,the rest from Ghandi Hospital, Ras Desta Hospital, Sheromeda Health center (HC), Selam HC, Gullele HC, Yeka HC, Woreda 17 HC, and Bole Rewanda Health center

Table 2: Study participants by the health facilities where they get PRE-ART/ART care and follow up A/A, May, 2009

No.	Name of Health facilities	Number of respondents interviewed
1	Zeweditu Hospital	106
2	Yekatit 12 Hospital	90
3	Gahndi Hospital	55
4	Ras Desta Hospital	30
5	Sheromeda Health center	35
6	Selam Health center	35
7	Yeka Health center	15
8	Woreda 17 Health center	20
9	Bole Rewanda Health center	15
10	Gullele Health center	15
	Total	421

Socio-demographic characteristics

The results of the different socio-demographic variables of 421 women PLHIVs in the age group 15-49 Years are presented as follows. The mean, median and mode of the age of the samples are 30.56, 30:00, and 30 respectively. Most women lie in the age group 26-36 yrs (62.2 %), followed by the age group 15-25(22.3%), and the remaining being in the age group 37-49 inclusive (15.4 %). Most are married (52%), followed by those divorced (15.3%), and then widowed (14.3%) and single (14.3%).

Most of the study participants were Orthodox Christians 309 (73.4%), followed by Protestants (14.3%). Catholics and Muslims are (0.7%), and (9.3%) respectively. Those that are able to read and write are 85.5%, while those that are not able to read and write are 12.4%. Regarding the average monthly income of the participants, the respondents were grouped in to three, those with average income below 300 Birr (16.4 %), those that get between 300-600Birr (29.5%), and those that get above 600 Birr (22.1%)

Most of the study participants are house wives (30.1%), privately employed consists (22.1%), unemployed (15.9%), and those government employed are (9.5%): (Table 3)

Table 3: Socio-demographic Characteristics of study subjects, A/A, May 2009

CHARACTERSTICS	NUMBER (%)
AGE (n=421)	
15-25	94(22)
26-36	262(62)
37 and above	65(15)
RELIGION (n=421)	
Orthodox	309(73)
others	103(25)
MARITAL STATUS (n=421)	
Married / relationship	237(56)
Divorced/widowed	124(29)
Single (never married)	60(14)
EDUCATION (n=336)	
Grade 1-8	132(39.3)
Grade 9-12	159(47.3)
Above 12	45(11)
Live Births (n=419)	
None	91 (21.7)
1-2	234 (55.8)
3 and above	94 (13.4)
ECONOMIC STATUS (n=286)	
Below 1-300 Birr	108(37.8)
301-600	85 (29.7))
Above 600	93(32.5)

5.1. Fertility Desire

Out of the 421 women PLHIV, 174 (41.3%) have desire to have child/children, while 226 (53.7%) have no desire to have children. Out of those who have desire to have child/children, the reasons mentioned includes, I have no children at all 77 (43%), have only one child 55 (31%), the rest includes different reasons like family and partner pressure (6%) and other reasons too. (Table 4)

The desire of the husband or sexual partner for having children have significant association with the desire for children with the results for Adjusted Odds Ratio (AOR) and 95% Confidence interval (CI) of 33.8(9.3, 123), * P=0.000. While having sex for the last six months have AOR of 3 (0.74, 12.5), with P value of 0.12, though doesn't show significance, if the sample was increased it might show significance. (Table 4)

Table 4: Showing desire for Child/Children A/A, May 2009

Desire for Children	Number (%) n=400
Yes	174 (43.5)
NO	226 (56.5)
Husband/ Partner desire	Number (%) n=225
Yes	133 (59.1)
No	92 (40.8)
Reasons to have children	Number (%), n=178
Don't have child	77 (43.3)
Have only one child	55 (30.8)
Husband/partner need	7 (3.9)
Family and peer pressure	5 (2.8)
Others	34 (19)

Table 5: Association of desire for children with selected factors for women PLHIV who are in follow up care in Addis Ababa city administration public health facilities, May 2009

Factors	Desire for children N (%)	No desire for children N (%)	Crude Odds Ratio/ (95% CI)	Adjusted Odds Ratio
Age				
15-25	48 (54.5)	40 (45.5)	7.1 (3.1-16.1) *	0.117(0.003-5.1)
26-36	117 (46.8)	133 (53.2)	5.2 (2.4-10.9) *	1.77(0.78-39.9)
37 and above	9 (14.5)	53 (85.5)	1	
Marital status				
Married	100(47)	111 (53)	1	
Single	37(62)	23 (38)	1.79 (0.99, 3.2) *	3.45 (0.122-97.17)
Widowed	9 (17)	45 (85)	0.22 (0.10, 0.45) *	0.48 (0.016-14.5)
Divorced	15 (26)	43 (74)	0.39 (0.20, 0.74) *	
Non married partner	13 (77)	4 (23)	3.6 (1.14, 11.4) *	
Live Births				
None	65 (74.7)	22 (25.3)	31.2 (12.9, 74) *	0.00(0.000,)
1-2	100 (45.7)	119 (54.3)	8.8 (4.1, 19) *	6.7 (0.4, 121)
3 and above	11 (11.6)	84 (88.4)	1	
Partner desire				
Yes	105 (81.4)	24 (18.6)	44.8 (19.2,104.9) *	33.8(9.3,123), * P=0.000
No	8 (8.9)	82 (91.1)	1	
Sex last six months				
Yes	113 (54.6)	94 (45.4)	2.7 (1.75,4.01) *	3 (0.74,12.5), P=0.12
No	58 (31.2)	128 (68.8)	1	
Attitude, right to have child				
Agree	168 (47.2)	188 (52.8)	9.5 (2.9,31.7) *	2.5(0.20 30.8), P=0.47
disagree	3 (8.6)	32 (91.4)		

* $P<0.05$

5.2. Family Planning Use

From the total 421 clients, 256 (60.8%) have reported the use of FP method before HIV diagnosis, while 159 (37.8%) reported not to use any FP method before knowing their HIV diagnosis. Out of those who are using FP methods before they know their HIV serostatus, 46% use Injectables, 31% use pills, 5.7% use condom, 3% use implant, 1.2% loop and 0.3% use tubal ligation. 1.5% use condom with Injectables, while 1.2 % use condom with pills. (Table 6)

After the knowing their HIV status, out of those 227 PLHIV clients who are using FP method, 51.5% use condom, 22.9% Injectables, 5.3% pills, 0.8% implant, 5.7% condom with Injectables, 0.4% use condom with pills, and 0.4% tubal ligation. (Table 6)

Currently only 191 (45.3 %) use FP methods, including those who use condom, the majority 230 (54.7%) do not use any FP methods. Of those who are using the FP methods, 60.7% use condom while 18.3 % use Injectables. The use of other methods; pills, implants, condom with Injectables by women PLHIV are 2.1%, 0.5%, and 2.6% respectively. (Table 6)

The reason given by the participants for not using any modern FP methods currently are abstinence from sexual intercourse by 140 (61.4%) respondents, desire for children by 32 (14%) respondents and current pregnancy by 8 (3.5%) women PLHIV. Most of the women PLHIV; 148 (58.5%) prefers to get FP in the same service unit they get the ART treatment that is in the ART unit, while 69 (27.3%) prefers it to be in the FP unit, 3 (1.2%) prefers it to be in the VCT unit. (Table 7)

Having sex within the last six months have significant association for FP use with the adjusted odds ratio, CI and p-value of 7.2 (2.6, 19.6) and P=0.00 respectively. While this variable is predictor for Family planning use, there are a number of variables that shows significance

association with the FP use. Those single, widowed or divorced are less likely to use FP compared to those married with the p-values less than 0.05 plus the OR and CI of 0.088(.041, 0.188), 0.114 (0.056, 232), 0.099(0.048, 0.207) respectively. Those who have 1 or 2 children are more likely to use FP compared to those who have no children with OR of 1.91, 95% CI of (1.2, 3.1). Those who have believe "PLHIV shouldn't abstain from sex" are more likely to use FP compared to those who disagree with the idea with OR and CI of 1.9(1.2, 2.8), P <0.05% (Table 8)

Table 6: Distribution of women PLHIV under follow up care per contraceptive ever use before and after HIV diagnosis, A/A, Ethiopia, 2009

Ever use of FP	Before HIV diagnosis n(%) (N=421)	After HIV diagnosis n (%)(N=421)	Current FP use n (%)(N=421)
Yes No Others	256 (60.8) 159 (37.8) 6 (1.5)	227(53.9) 181 (43) 13 (3.1)	191 (45.4) 228 (51.8) 12 (2.9)
FP Method use	Before HIV diagnosis n(%) (N=256)	After HIV diagnosis n(%) (N=227)	Current use n(%) (N=191)
Condom	24 (5.7)	117 (51.5)	116 (60.7)
Injectables	118 (46.1)	52 (22.9)	35 (18.3)
pills	80 (31.3)	12 (5.3)	4 (2.1)
Loop	3 (1.2)	-	-
implant	8 (3.1)	2 (0.8)	1(0.5)
Condom with Injectables	4 (1.5)	13(5.7)	5(2.6)
Condom with pills	3 (1.2)	1 (0.4)	
Abstinence	1 (0.4)	27 (11.9)	27(9.3)
Tubal ligation	1 (0.4)	1 (0.4)	
others	15 (5.9)	2 (0.8)	3(1.6)

Table 7: Reasons for not using FP methods, preferred place for FP service by women PLHIV in follow up care, A/A, 2009 (N=231)

Reasons for not using 4FP methods Currently	Number (%), n=228
Desire for a child	32 (14.0)
Abstinence from sexual intercourse	140 (61.4)
Fear that ART and FP drugs together can cause more harm for health	3 (1.3)
I am pregnant currently	8 (3.5)
Other	48 (21.1)
Preferred Unit/Room for FP service	Number (%), n= 253
ART unit	148 (58.5)
FP unit	69 (27.3)
VCT unit	3 (1.2)
other	33 (13)

Table 8: Association of Family Planning use with selected factors for women PLHIV who are in follow up care in Addis Ababa city administration public health facilities, May 2009.

Factors	Use FP N (%)	Not use FP N (%)	Crude Odds Ratio/ (95% CI)	Adjusted Odds Ratio
Marital status				
Married	145(66.8)	72 (33.2)	1	
Single	9(15)	51 (85.0)	0.088(.041, 0.188)*	0.57 (0.15, 2.14)
Widowed	11 (18.6)	48 (81.4)	0.114 (0.056, 232)*	0.85 (0.18, 4.1)
Divorced	10 (16.7)	50(83.3)	0.099(0.048, 0.207) *	0.49 (0.09, 2.5)
Live Children				

None 1-2 3 and above	36 (33.3) 113 (48.9) 42 (56)	72 (66.7) 118 (51.1) 33 (440	1 1.91 (1.2, 3.1)* 2.54 (1.4, 4.7)*	 9.9 (0.45, 219) 3.7 (0.48, 29.03)
Sex last six months Yes No	 149 (70.3) 40 (20.6)	 63 (29.7) 154 (79.4)	 9.1 (5.8, 14.3) *	 7.2(2.6,19.6)*, P=0.00
Attitude "PLHIV shouldn't abstain from sex" Agree disagree	 134 (53) 53 (37)	 119 (47) 89 (63)	 1.9 (1.2, 2.8)*	 1.4 (0.6, 3.1)

* P <0.05

5.3. HIV Diagnosis and treatment

Most of the respondents have known their HIV diagnosis a year back, 287 (68.2%) while, 131 (31.1%) have known their HIV status within a year time. Similarly greater number of them have initiated ART treatment one year back, 162 (38.5%) while 136 (32.3%) have initiated within one year time. Most of them; 236 (56.1%) have CD4 count more than 200, while 84 (20%) have CD4 count 200 or less. (Table: 7)

Table 9: Distribution of the study subjects by the time of HIV diagnosis, initiation of ART, CD4 count, occurrence of pregnancy since HIV diagnosis

Months since HIV diagnosis	Number (%) (n=418)
0-12 months 13 months and above	131 (31.1) 287 (68.2)
Months since ART started	Number (%) (n= 298)
0-12 months 13 months and above	136 (45.6) 162 (54.4)
CD4 count	Number (%) (n=320)
Below 200 200 and above	84 (26.2) 236 (73.8)
Getting pregnancy since HIV diagnosis	Number (%) (n=410)
Yes No	102 (24.9) 288 (70.2)

Result section two: Results from the Qualitative data

In-depth interview with seven PLHIV (F-6 and M-1) and three ART service providers (F- 2 & M-1) was conducted the last two weeks of May, 2009 and the results are presented as follows:

Socio-demographic conditions

Generally those PLHIV who started ART treatment has subjective evidence of improvement of their overall health condition. It has been possible to see that those who are at early stage of knowing their results are still at period of shock, anxiety, and staggering to accept their result. Some respondents were dropping their tears during the interview, being anxious about their results and become uncertain of how to manage the situations around them. It has been repeatedly mentioned by the in-depth interview respondents that life in Addis being so challenging and living becomes difficult. Almost all the respondents are either daily laborers or

are dependant for support of their relatives or some organizations. The issue of earning money and leading life has intensified their anxiety and uncertainty on how to lead their life in the future. The following quotes taken from the respondents clearly show that:

"It is difficult to live alone; life is becoming more challenging and I am praying to have a good husband. Currently I get 15 birr weekly, I draw by using the needle and thread a kind of design for a new bed sheet. It is a very exhaustive work. I stare long and am getting my eyes sick, and is common to have my tears dropping while working." (G-IDI-C1)

"This time life is difficult, I am living with others support, I get food and oil from Abebech Gobena Organization and I don't know how long the support continues and it is likely to be discontinued. I live inside a kitchen with my children. The kitchen belongs to some other people." (G-IDI-C2)

It has been possible to see that the burden the HIV positive women have in-terms of leading her life and supporting a child/children. It has been mentioned by some respondents about fear of disclosure, due to the potential of stigma and discrimination they anticipate, I quote the response of one of the respondent, "My husband's families are so bad, and hate me very much, they treat me like dog. I live in one of the family's room where we live together with him before his death and they are not happy with that" *(G-IDI-C1)*

Sexuality and desire for Child/Children

Quote taken from A 27 year old in-depth interview respondent who has no child about the desire for children:

"Life in Addis is so challenging, I work as daily laborer and you don't find job daily, you get intermittently. Renting a house is expensive and everything is expensive. On top of this you have the virus too; hence you are upset with the situation. Since I have no children at all, I might think to have it in the future if all the conditions are stabilized. Yet I am not sure if I can be pregnant, I am not sure also about having a child free of the virus."

Quote taken from A 27 year old in-depth interview respondent who has already two children about the desire for children:

Currently I have two children. My children are tested and are free of the virus. I have no plan to have more children in the future. I pray to God to give me health so that I can support my children and help them to educate and grow well. This time life is difficult, I am living with others support, I get food and oil from Abebech Gobena Organization and I don't know how long the support continues and it is likely to be discontinued. I live inside a kitchen with my children. The kitchen belongs to some other people

Most of the in-depth interview respondents have one or two children, those with at least one child; they do not have interest to have children in the future compared to those who have no child at all. For those who happens to know their results recently, the issue of having a child, having sexual activities is not their current concern; their concerns is how to be healthy, how to cope with the two challenging issues, having HIV test result and the dire economic situation, the challenge of income generating and fulfill their basic needs. Two of the in-depth interview respondents' have no child, one is 27 yrs old and the other is 39 yrs old, the younger women, said that if the situation around her are stable, she needs to have a child, and the elder said that at her age the situation around her there is no need to have a child on her side. This shows that there

are various need of PLHIV according to their various demographic variables and living situations.

The use of FP in PLHIV as compared to previous period without HIV

It has been show from the IDI that most of the respondents were using different FP methods (mostly pills and Injectables) before they know their HIV status. The use of FP after they know their HIV status has completely changed, most of them they don't use because they abstinence from having sexual intercourse. Some have no positive feeling about sex, having some information from the provider side "Providers taught us that sex is not good for PLHIV as alcohol." (RD-IDI)

Barriers to access FP for PLHIV from the health facility perspective

Providers at the ART unit are not trained regarding providing FP counseling and services for PLHIV. They mention that the FP/SRH issues are one of the least addressed during the ART training. Except advising about condom, they are not comfortable to provide other FP services for PLHIV. They are not sure about the drug interaction about the FP methods and the ART drugs. Some ART providers hear that some of the oral contraceptives are not to be given for ART patients but they are not sure about which specific pills and which specific ART drugs. One provider from Gullele health center mentions that even regarding condom he mentioned that "For longer period, my thinking was that I know all about the male condom. I learned that I know little about condom during a three days training organized by PSI about condom. At that training I came to know my gaps and learn more about condom". We usually advise clients to use condom, and yet we don't show them using the model on the correct use of condom, and

how to negotiate about using condom. Hence it is not uncommon for clients to miss the correct and consistent use of condom

All the ART providers who are involved in the in-depth interview agree that the best place for FP counseling for PLHIV is the ART unit and not the FP unit. Their knowledge about their PLHIV clients are that they prefer the services to be delivered by the ART provider, they are not happy to move from one place to another and disclose their results to other providers. The providers also admit the challenge of providing FP counseling and service in the ART unit, there is shortage of staffs, ART providers are not trained on FP, there is space problem to provide injection and have the supplies at the ART unit with the ART drugs. There are also occasional shortages of contraceptive supplies in general at the health facility level. All the preparatory work should be done before integrating the FP service in the ART unit.

PMTCT information and service

Depending on their age, fertility status and other factors some have desire to have child/children in the future and yet they don't have the full picture on PMTCT. Hence it is good to give the full spectrum of information and services based on their needs.

Table 9: Thematic analysis showing the different needs of PLHIV based on the period of knowing being infected with HIV

	Immediate Periods of knowing the HIV status	Periods of stabilization
Psychological reactions and support	Highest at the immediate period	Accepting HIV and positive living
Different support (food and shelter)	Highest at the immediate period	The need for support continues, the need to be engaged to earn money and win living
Managing Illness with signs and symptoms,	The need depends on the health situation, CD4	The symptoms and signs showed improvement depending the level of medical and psychological

relieve from pain and other symptoms	count, psychological, social, medical and economic support	care obtained
Addressing fertility desire and FP/SRH need 1. Younger age	The need is low at the immediate period	The need arises , the degree varies depending on the different socioeconomic factors and the counseling and the service available
	More needs in the area psychological support and of ensuring being healthy	If one child or no child there will be a need to have a child, to plan to have a child and use FP depending on the level of income. In most situation providers provide inadequate information about condom. No counseling about the use of other FP methods by providers There are misconception and inadequate information about sexuality, the use of FP and getting HIV free baby
2. Elder age	More need in the area of medical, psychological and economic support depending on where the factor stands	The need to have a child and use FP still low generally especially if they are living alone, depending the age of reproduction, marital , health and income status and there will be some level of need to use FP

6. Discussion

The findings of the study shows that out of the 421 women PLHIV, 174 (41.3%) have desire to have child/children, while 226 (53.7%) have no desire to have children. The result is similar with similar study that is conducted in South Eastern Ethiopia that shows those women PLHIV who desired to have children are 42%. (19)

Compared to the studies conducted in the developed countries, the desire for children in higher in this study. In one study in USA, only 29% desired for children, which is lower the findings in this study (41.3%). On the other hand our findings are lower than the findings of similar studies in Africa, in similar study in Nigeria 68.4% of women receiving ART care desired children. These differences may be explained by the socio-cultural differences between the countries.

Different studies indicated that a high proportion of HIV positive men and women desire for children. However their fertility desire was dependent on different factors besides their HV status. The findings this study shows that there are different factors that affect the desire to have children that includes the number of live births and partners' desire for children.

In our study the desire for children for those who have no live births is 74.7%, while the desire for those having either one or two children is 45.7%. Out of the study participants 24% have been pregnant after they know their HIV status. The study has shown that having the desire of the husband or the partner to have children is found to be predictors for desire for children. The desire of the husband or sexual partner for having children have significant association with the desire for children with the results for Adjusted Odds Ratio (AOR) and 95% Confidence interval (CI) of 33.8(9.3, 123), * P=0. The higher desire for children and the higher pregnancy rates in this study are causes for concern considering its implication for controlling vertical as

well as heterosexual transmission of HIV and accessing proper FP counseling and services for PLHIV

The desire for children were more in those who have no live births or only have 1 or 2 live births, married, younger age (15-25 yrs), having a husband who desired to have children, those who believes that Women PLHIV have the right to be pregnant and have children. All the above variables have shown significant association with the desire to have children. (Table 7). Similar Study from South Eastern Ethiopia, Nigeria and USA on HIV positive women and men showed that the desire for children were more in those who were young , married, or had sexual partners, had fewer children and those who had partners who would like to have children (8).

Hence this implies that those who are very young, have no child or one child might have more desire to have children and the counseling and the services given for various SRH situations, should take into account these and other services. It is also good to take the timing of knowing the HIV test result in counseling for different services. Those who are at early time of knowing their HIV status , some are still in reaction phase for being positive being anxious, confused and depressed and hence their priority need and counseling is on accepting their result, absorbing the shock and become strong to live with the situations. Once this is done, and the clients started to be stabilized psychologically and physically. It is good to initiate counseling on different SRH issues depending on their concern. As mentioned the means to live is one of the determinant factors that aggravated the psychological reaction, and especially at early phase of knowing the HIV status, the counselors should help those PLHIV who have very little or no income to link with the different care and support services including financial support.

Identifying their need and addressing their concern for PLHIV is most important. All don't have the same need; they have different need according to their fertility, age, economic, health, marital and other status. Counseling and services tailored on the needs of the PLHIV has paramount importance for enabling to access different services. The in-depth-interview with women PLHIV has further potentiated these findings. In the interview some have shown desire for children once their health condition I improved and also have a better income.

The numbers of women PLHIV who are using FP have decreased in time. Out of the 421 clients, 227 (60.8%) have used FP before HIV diagnosis, while currently only 191 (45.3%) uses Family planning services. Before HIV diagnosis 46% use Injectables, 31% use pills, 0.4 % abstinence and only 5.7% use condom while currently 60.7% use condom while 18.3 % use Injectables, 9.3% use abstinence, 2.1% uses pills. There is a remarkable change on the type of FP used before and after HIV diagnosis. The use of condom and abstinence has increased after HIV diagnosis. Even though dual method used is generally encouraged for PLHIV, only 2.6% women PLHIV are using currently. Condom is only effective method of FP when used correctly and correctly. From the in-depth interview of the service providers, it has been found that there is gap in showing the clients on correct and consistent use of condom by the providers' side. Providers have ambiguity on the use of other FP methods for PLHIV, especially for those who are on ART. Usually they tend to prescribe condom instead of providing counseling on the different FP methods. Even then only few who have condom focused training are doing the proper counseling on the proper use of condom.

Similar studies show that very few providers discuss other FP methods as alternatives to women who could not use condom or as a dual method (6).

Individual tend to increase their condom use after they learn their HIV status. Correct and consistent use of condom over long period is difficult for most people. Even the well intentioned may experience prevention “fatigue”. Some people living with HIV reports not using condom because their partner have HIV or because they or their partners refuse to use the method. Some may be reluctant to disclose their status or negotiate for condom for fear raising suspicion about infidelity, cause conflict or violence or at the end lead to termination of relationship. Discordant couples may not use condom for various reasons. These conditions not only exposes for STIs but also for unintended pregnancies if no other contraceptive method is used (20)

24% of women PLHIV have been pregnant after they know that their HIV diagnosis and currently 8% of the respondents are pregnant. Prevention of unintended pregnancy is one of the means for prevention of mother to child transmission. Lack of proper FP counseling and services may be one reason for such high percentage of pregnancy in women of PLHIV. Qualitative study done by EngenderHealth has showed that providers incline to tell their client about abstinence and the use of condom, very few providers ever recommend contraceptives other than condom or recommended abstinence mostly due to misconception about the appropriateness of other contraceptive methods for women who were HIV positive or on ARVs and also fear that discussing other methods may dissuade clients from using condom (6). According to the WHO medical eligibility criteria, Hormonal contraceptives (such as pills, Injectables, implants, emergency contraceptives and vaginal ring) are appropriate for women living with HIV including for those who are taking anti-retroviral drugs. The IUD can be used for women living with HIV but insertion is not recommended for those who have developed AIDS and not under ARV treatment. Female sterilization and vasectomy are additional options, except in conditions

of acute HIV related illness, in such cases the procedure is delayed until the condition is resolved. (21)

Most of the respondents prefer to get the FP service in the ART unit. Among 253 respondents, 58% prefer to get the FP service in the same unit they are getting the ART counseling and treatment. The in-depth interview conducted with the service provider has complemented this fact, the service providers have reported that women PLHIV don't want to have referral for FP services for fear of disclosure of their results for other providers and also fear of stigma and discrimination, they wanted to get the service by the same providers who is providing the ART service. This preference by women PLHIV have an important programmatic implication for integrating the different services and addressing the different needs of people living with HIV.

The study has shown that those who are married, who have no child, those who believe that "PLHVI shouldn't abstain from sex", and those that has experienced sex in the last six months are more likely to use FP and has shown to have significant association with FP use. Having Sex during the last six months has been shown to be predictor for the use of Family planning.

The Study has used qualitative method to supplement the findings of the quantitative study and also see the perspective from the health providers' side regarding the fertility and FP use of women living with HIV. The principal investigator has conducted all the in-depth interview, transcribed and analyzed the data and finally wrote the report of the study. Though there are the strengths, there are some limitations that is presented as follows:

Social desirability bias: For confidentiality, for limiting the number of people who knows the test result of the respondents and ensuring the comfort of women living with HIV positive, the data collectors selected and trained were coming from each facilities ART unit. Though the data

collectors were properly trained and there by informed the respondents during the interview that the study by won't affect the service they are already getting on whatever they are responding to the questionnaire, the respondents may still respond to answers which they might think that the desired answer by the interviewer and hence social desirability bias won't be totally eliminated from the study.

Selection Bias: The samples taken are those who are at least visiting the health facility once for Pre-ART service or ART service. These clients who are regularly visiting the health facilities are likely to be adherent clients and hence it might be difficult to generalize the findings to all HIV positive individuals in Addis Ababa.

8. Conclusions and Recommendation

8. 1. Conclusions

- High numbers of women living with HIV have desire for child or children. Those who have no live births, those whose partner have desire for child, those who believe that PLHIV have the right to be pregnant and have a child, and those who have sex during the last six months have more desire to have child or children

- The study has shown that after knowing their HIV status, a good numbers of women living with HIV have been pregnant

- Family planning use in PLHIV have been affected by different factors including knowing the HIV result

- Learning ones HIV status has brought a difference in terms of FP use. Before knowing HIV status the use of FP is skewed towards Injectables, while after knowing the HIV status it is inclined towards condom. The most popular method that is currently used by women living with HIV is male condom

- Women Living with HIV rarely use dual method.

- Providers mostly counsel clients about condom use only

- During the immediate period of HIV diagnosis, PLHIV have more concern and needs towards psychological, social, medical and economic support. The need for SRH support mostly follows once the psychological reactions are stabilized and the health conditions started to improve.

8.2. Recommendations

- The higher desire for children and the higher pregnancy rates of women living with HIV in this study are causes for concern considering its implication for controlling vertical as well as heterosexual transmission of HIV and accessing proper FP counseling and services for PLHIV. PMTCT programmes need to address all the four prongs of PMTCT including prevention of unintended pregnancy as one of the approaches for prevention of mother to child transmission of HIV in PLHIV

- The study has shown that having the desire of the husband or the partner to have children is found to be predictors for desire to have child or children. Hence SRH counseling needs to address this variable and also encourage couple counseling to reach a certain reproductive health decision.

- Those who are very young, have no child or one child have more desire to have children and the counseling and the services given for various SRH situations need to consider these factors in order to meet their SRH needs

- Comprehensive FP counseling and services should be available for PLHIV. Providers need to be equipped and updated with the necessary knowledge and skill to provide the different FP services for PLHIV. Dual method used should have to be encouraged for PLHIV for prevention of unintended pregnancy and also for positive prevention

- FP counseling and services for PLHIV needs to be given in an integrated fashion with the ART services possibly by the same providers who are providing the ART services. To do so providers need to be trained on FP and the necessary supplies, equipments and facility need to be ready.

- During the immediate periods of knowing HIV status, more emphasis and focus should be given for psychological, medical and economic support for women diagnosed to have HIV. Later period while the psychological reaction stabilized and health condition is improve equal attention should be give for addressing the different SRH needs of PLHIV including Child desire, FP and dual method use and sexuality issues

9. References

1. Single point prevalence, 2007 and MOH/FHAPCO, www.etharc.org, date of access 1/10/2009

2. HAPCO.GOV.et November, 2008 ART report, www.etharc.org, accessed on date 1/10, 2009

3. Marglose S.Fertility, Contraception and HIV The body, summer 2004, www.thebody.com/staff/summero4/fertility.html, date of access 12/25/2008

4. Ntozi J. editor. Impact of HIV/AIDS in sub-Saharan Africa, fourth meeting of the follow up committee on the implementation of the DND and the ICPD-PA 2002 January 28-31, Yaounde, Cameron

5. Zaba B and Gregon S Biology or Behavior? HIV reduces the fertility of African women. Id 21 research highlight 2004 January 24, www.id21.org/health/h7bzlgl.htm date of access 3/1/2009

6. UNFPA publications , sexual and reproductive health needs of women and adolescent girls living with HIV, research report of qualitative findings from Brazil, Ethiopia, and Ukraine , Author EngenderHealth , UNFPA , Publication date, 2006, www.unfpa.org, date of access 1/10/2009

7. Sonneberg-schwan U, Gilling-smith C, Weigel M. HIV and wish for parenthood, date of access 1/12/2009

8. Chen J, Phillips k, kanouse D, Collins R and Maul A. Fertility desires and intentions of HIV positive men and women. Family planning perspectives 2001; 33(4): 144-152 & 165

9. Family Health International. HIV positive women have different needs. Network 2001; 20 (40) http:/www.fhi.org/en/rh/pubs/network/v20_4/nwvol20-4hivposwomen.htm, date of access 12/10/2008

10. Laura P. Manuel B. Andree F, pietrol v. High risk sexual behavior and fertility desire among heterosexual HIV positive patients with a serodiscorant partner two challenging issue. Swiss MED WKLY 2003: 124-127

11. Back C.Naomi R, Kaai S, McOdida P, Ulo B et al. Addressing the family planning needs of HIV- positive PMTCT clients: Baseline findings from an operations research study. Horizon research up date. Population council April 2005www.popcouncil.org/horizons/horizons.html. date of access 2/12/2009

12. Nomi Fuchs. USAID. Priorities for family planning and HIV/AIDS integration, Global health technical briefs. WWW.Maqweb.org/techbriefs/tb11 integration.shtml. Date of access 12/24/08

13. Rutenberg N, Geibel S, Klibala S, Oyieke J, Ruth N, Siwale M et al. Family planning and PMTCT services: Examining interrelation ship, strengthening linkage. Horizons research

summary. Population council: December, 2003. www.popcouncil.org/horizons/horizonsreports. Date of access 3/22/2009.

14. David E.K, Rebeeca L C, Angela M, Sandra H B. Contraceptive use by couples when one partner is infected with HIV.AIDS February 2001; 15 suppl 1:44-45

15. WHO Public Health at a glance-preventing HIV infection in infants and young children, www.who.itn/hiv/en/htm, date of access 1/12/2009

16. Preble EA and Piwoz EG. 2001. Prevtning of MTCT in Africa: practical guidance for programmes Washington DC: Academy for Educational Development. June 2001. English version found at: www. Dec.org/pdf docs/PNACMO52.pdf. Date of access 3/12/2009

17. Glion consultation on strengthening the linkages between RH and HIV/AIDS: FP and HIV/AIDS in women and children. Glion 3-5 may 2004, http://www.who.int/reproductie health/stis/docs/glion cal to action. pdf, date of access 1/15/2009

18. WHO: strategic approaches to the prevention of HIV infection in infants: report of a WHO meeting. Morges, Switzerland, 20-22 March2002, Geneva; WHO

19. H.Belete, et al. Fertility desire and family planning need of people on antiretroviral therapy (ART) and follow-up care in Nazareth, South-Eastern Ethiopia. : AIDS 2008 - XVII International AIDS Conference: Abstract no. CDB0328"

20. Meeting the SRH needs of people living with HIV. In brief: 2006 series, No.6. Author: Guttmacher Institute, UNAIDS, UNFPA, WHO, www.unfpa.org/publications/detail.cfm, date of access 20/6/2009

21. WHO.2004. Medical Eligibility Criteria for Contraceptive Use, 3rd ed. Geneva

10. Annexes

Annex-1: Consent form

*Introduction***:** *Greet the client and introduce yourself.*

Addis Continental Institute of Public Health consent form for the study of fertility desire and demand for FP in HIV positive women on follow up of care in Addis Ababa health care facilities ARV treatment units.

My name is …….., I am working with the research team of Addis continental institute of Public health. Here at …….hospital ART unit we are interviewing women PLWHA on follow care to evaluate their fertility desire and demand for FP. We believe that this study would help to bring change in fertility and FP services for HIV positive people on ART treatment.

We should like to ensure that the interview is private and confidential your name will not be mentioned in the questionnaire and the information that will give us will be used only for research purpose. Your participation is voluntary and you have the full right to refuse to take part in or interrupt the interview at any time. But the information that you will give us is quite useful to achieve the objectives of the study and to bring change in the fertility and FP service provision for HIV positive people on ART treatment.

Are you willing to participate in the study?

1. Yes 2. No

If the answer is yes, thanks and ask the client to sign for written consent below and then conduct the interview.

This is to confirm that after the interviewer explains about the purpose of the study and the confidentiality and privacy about the data to be collected, I have voluntarily agreed to participate in this study by providing the necessary information during the interview. Signature of the client for the written consent (after the interviewer reads the above note for the client)

_____

If the answer is No, thanks. Go to the next client. Don't force or reinforce an individual to participate in the interview

Interview's code …….. Name …….signature Date of interview ……..……/2009 Supervisor's name…….signature…….. Checked on……..date…….month……./2009

Complete …… 1 other (specify)……89

Incomplete…… 2

Annex-I: ፈቃደኛነትን መጠየቂያ ቅጽ (Consent Form)

በአዲስ ኮንቲኔንታል የህብረተሰብ ጤና አጠባበቅ ኢንስቲቱት ከኤች.አይ.ቪ ቫይረስ ጋር የሚኖሩና በአዲስ አበባ የጸረ ኤች.አይ.ቪ/ኤድስ የህክምና መስጫ ጣቢያዎች ተከታታይ ህክምና የሚያደርጉ ሴቶች የመዉለድና የቤተሰብ ምጣኔ አገለግሎት ፍላጎታቸውን ለማጥናት ቃለ መጠይቅ ለማድረግ የግለሰቦች ፈቃደኝነት መጠየቂያ ፎርም፡፡

ስሜ……ይባላል፡፡ እኔ ከአዲስ ኮንቲኔንታል ኢንስቲቱት የጥናት ቡድን ጋር አብሬ እየሰራሁ ነዉ፡፡ አሁን በ……..ሆስፒታል ወይንም ጤና ጣቢያ የጸረ ኤች.አይ.ቪ/ኤድስ ህክምና መስጫ ክፍል ተከታታይ ህክምና የሚያደርጉ ከኤች.አይ.ቪ ቫይረስ ጋር የሚኖሩ ሴቶችን የመዉለድና የቤተሰብ ምጣኔ አገልግሎት ፍላጎታቸዉን ለማጥናት ቃለ መጠይቅ እያደረግን ነዉ፡፡ ይህ ጥናት ከኤች. አይ.ቪ ቫይረስ ጋር ለሚኖሩና የጸረ ኤች.አይ.ቪ/ኤድስ ህክምና ክትትል ለሚያደርጉ ሰዎች የወሊድና የመከላከያ አገልግሎት አሰጣጥ ላይ ለዉጥ ያመጣል ብለን እናምናለን፡፡ ስምዎ በዚህ መጠይቅ ዉስጥ የማይጠቀስ መሆኑንና በቃለ መጠይቁ የሚሰጡን መረጃ ሁሉ በሚስጥር ተይዞ ለጥናት አገልግሎት ብቻ የሚዉል መሆኑን ላረጋግጥልዎ እወዳለሁ፡፡እርስዎ በዚህ ጥናት ላይ የመሳተፍ፣ያለመሳተፍ ወይንም በማንኛዉም ወቅት ቃለ መጠይቁን የማቋረጥ ሙሉ መብት አለዎት፡፡ነገር ግን እርስዎ በጥናቱ ተሳትፈዉ የሚሰጡን መረጃ ጥናቱን ዉጤታማ ለማድረግ እና ከኤች.አይ.ቪ ቫይረስ ጋር ለሚኖሩ ሰዎች የወሊድና የቤተሰብ ምጣኔ አገልግሎት አሰጣጥ ላይ ለዉጥ ለማምጣት ከፍተኛ ጠቀሜታ አለዉ፡፡

በጥናቱ ለመሳተፍ ፈቃደኛ ነዎት?

1. አዎን 2. አይደለሁም

መልሱ አዎን ከሆነ አመስግነዉ ከዚህ በታች የተጻፈዉን አንብበዉ ከአስፈረሙ በኋላ ቃለ መጠይቁን ያካሂዱ መልሱ አይደለም ከሆነ አመስግነዉ ወደ ሌላ ተጠያቂ ይለፉ

ግለሰቡን በመጠይቁ ለማሳተፍ ምንም አይነት ማስገደጃ ወይንም ጫና መደረግ የለበትም፡፡

የጥናቱ አላማና የመረጃዉ አሰባሰብ ሂደት ከተገለጸልኝ በኋላ ለዚህ መጠይቅ የማዉቀዉንና የምችለዉን መልስ በመስጠት ለጥናቱ ተባባሪ ለመሆን ፈቃደኝነቴን በፊረማዬ አረጋግጣለሁ፡፡

ፊርማ……

የጠያቂዉ ኮድ ……ስም……..ፊርማ…….

ቃለ መጠይቁ የተካሄደበት ቀን…….ወር……2001 ዓ.ም

የገምጋሚዉ ኮድ…….ስም……..ፊርማ……..

የተሟላ ……..1

ያልተሟላ ……. 2

ሌላ ካለ ይገለጽ……

Annex: 2 Structured Questionnaire

Addis Continental Institute of Public Health structured questionnaire on fertility desire and demand for FP in HIV positive women on follow up of care in Addis Ababa Health Care facilities ARV treatment units.

PART ONE: Socio-demographic characteristics

NO.	QUESTIONS	CATEGORIES
101	How old are you?	……yrs (in completed years)
102	Religion	Orthodox……..1 Catholic……...2 Muslim……3 Protestant……..4 Other (specify)…89
103	Educational level	……..grade completed Able to read and Write…….1 Unable to read & write……2 No response……..99 Other specify…….89
104	Ethnic group	Oromo…….1 Amhara……2 Gurage……3 Tigray……..4 Other (specify)…..89
105	Marital relationship status	Married……1 Single……..2 Windowed……3 Divorced……..4 Non married partner…….5 No response……..99 Others(specify)……89

106	What is your current occupation	Unemployed……1 Student……2 House wife……..3 Daily laborer……..4 Merchant…….5 Sex worker……..6 Government employed…7 Private employ…….8 House servant……. 9 No response…….99 Other (specify)…….89
107	What is your monthly income?	……Eth. Birr No income……1 Don't know…….98 No response……..99 Other (specify)……..89
108	How many live births have you had in your life?	……..live births I did not give birth at all……..96 I do not have any live births…..97 No response……..99 Other (specify)…….89
109	How many alive children do you have now?	……..no of alive children I do not have children at all……..96 I do not have alive children……97 No response…….99 Other (specify)……89
110	Would you like to have children in the future?	Yes……1

		No…….2 Don't know……98 No response……...99 Other (specify)…….89
111	If the answer to for Q 110 is yes, when do you prefer to have child?	Within……..months/yrs time Do not know…….98 No response……...99 Other (specify)……89
112	If the answer to for Q 110 is yes, how many children would you like to have in the future?	No of children desires…… Don't know…….98 NO RESPONSE…….99 Other (specify)……..89
113	If you think that you want to have children, what is your reason?	Since I do not have children…….1 Since I have only one children……..2 My husband/partner need…….3 Family pressure…….4 Peer Pressure…….5 No response…….99 Other (Specify)……..89
114	If your answer to QQ 110 is no, why do you want not to have children in the future?	Have desired number of children…..1 Fear of Mother to child transmission risk……..…….2 Do not have adequate income to add another child…….3 Health care providers advise not to have a child……..4 Child bearing may further compromise my/my partner health……5

		No response……..99 Other (specify)……89
115	Does your husband/partner want to have child in the future?	Yes…….1 No……..2 Don't know……...98 Don't have partner……4 No response……99 Other (specify)……..89

PART Two: INFORMATION ON CONTRACEPTIVE USE, DEMAND AND DESIRE

NO.	QUESTIONS	
116	Have you (your) partner ever used FP method before HIV dx?	Yes……..1 No……2 Don't remember……3 Don't know……98 no response……..99 Other (specify)……..89
117	If yes for Q 116 specify the method you/your partner used? (more than one answer can be possible)	Abstained from sex……..1 Condom…….2 Pill (OCP)…….3 Injectables …….4 IUD……5 Implants……6 Tubal ligation/vasectomy….7 No response…….99 Other (specify)……89
118	Have you (your partner) ever used FP method after HIV diagnosis?	Yes……..1 No…….2

		Don't remember……..3 Don't know……..98 no response……99 Other (specify)……..89
119	If yes for q 118 specify the method you/your partner used? (more than one answer is possible)	Abstained from sex……..1 Condom…….2 Pill (OCP)…….3 Injectables ……4 IUD……5 Implants……..6 Tubal ligation/vasectomy…7 No response……..99 Other (specify)……..89
120	Are you/your partner using FP method currently (during the study period)?	Yes…….1 No……..2 No response……99 Others (specify)……89
121	If yes for q 120, specify the method you are using? (more than one answer is possible)	Abstained from sex……..1 Condom……2 Pill (OCP)……3 Injectables ……..4 IUD……..5 Implants……6 Tubal ligation/vasectomy…..7 No response……..99 Other (specify)……89

122	Why do you choose the current FP method?	Health professional advice …….1 Because it suits with my health…….2 From my friends experience/advise..3 No response…….99 Other (specify)…….89
123	If the answer for Q 120 is no, would you like to use FP method in the future?	Yes……..1 No……2 Don't know……98 No response……99 Other (specify)……89
124	If yes to q 123, specify the method you intend to use? (more than one answer is possible)	Abstained from sex……..1 Condom……..2 Pill (OCP)……..3 Injectables …….4 IUD…….5 Implants…….6 Tubal ligation/vasectomy…..7 No response…….99 Other (specify)……..89
125	For those who are using FP service currently where do you get FP service?	At the same facility where I do the ART follow up…….1 In other government health facility…..2 In private health facility…….3 I am using abstinence…….4 Other……89
126	Where do you prefer to get FP service?	Government health facilities……1 Private health facilities……2 NGO facilities……..3

		Other…….89
127	Which unit do you want to get the FP service?	ARV treatment units……..1 FP unit…….2 Counseling unit……3 Other (specify)……..89
128	If your answers for q 120 is no, why don't you want to use FP?	Want to have a child……..1 Fear that FP drugs may create complications with ARV treatment ….2 I abstained from sex……3 No response……..99 Other specify……..89
129	If you are using FP methods did you disclose your sero-status to your FP provider?	Yes……1 No…….2 No response ……99 Other (specify)……89
130	If your answer for question 129 is no, why didn't you disclose to your family planning providers?	I don't trust providers……1 I feared stigma and discrimination…..2 No response……..99 Other (specify)…….89
131	Most methods of contraception (family planning) are safe for use by women who are HIV-positive? Would you say that you…(read each option 1-4)	Strongly agree……..1 Somewhat agree…….2 Somewhat disagree……3 Strongly disagree……4 Don't know……..98 No response…….99
132	Have you ever use condom with other FP method	Yes…….1 No……2

		Don't know……...98 No response……..99
133	Have you experienced pregnancy after you know your test result of being positive for HIV?	YES……..1 NO……2 NO response…….99 Other (Specify)…….89
134	If yes, how was the pregnancy?	It was safe, term delivery……..1 It was preterm delivery……2 It was spontaneous abortion…….3 It ended with medical abortion……4 Other (Specify)…….89
135	If the answer to Q 133 IS Yes, what have you done to prevent transmission of HIV from mother to child?	ANC follow up and myself and the baby took ART drugs…….1 No ANC follow up……2 No response……3 Other (Specify)……89
136	What was the serostatus of your baby?	Found to be positive for the HIV test……1 Found to be negative……..2 Not tested yet……3 Waiting for the test result…..4 No response……..99 Other (Specify)…….89
137	How is the health condition of your baby?	Very well……..1 Has occasional illness……2 Is very sick…….3 Not alive…….4 No response……..99 Other (Specify)…….89

PART THREE: INFORMATION ON KNOWLEDGE AND ATTITUDE ON MTCT AND PMTCT

138	Does HIV transmit from infected mother to child?	Yes…….1 No……..2 Don't know……98 No response…….99 Other (specify)…….89
139	If yes to Q 138 when does HIV transmission occur from mother to child?	During pregnancy……1 During labor……..2 Through Breast feeding…….3 I don't know……98 No response…….99 Other (specify)……89
140	How can an HIV positive woman reduce the risk of passing HIV onto her baby during pregnancy, childbirth, or breastfeeding? [Do not read the list. Check all that apply. Probe: anything else?]	Take medicine to prevent HIV transmission to the baby……..1 Delivering at a health facility/with a skilled attendant (not TBA)……..2 By feeding packed milk….3 Exclusive breast-feeding for six months and then immediate weaning……..4 Don't know……98 Other (specify)……..89
141	Is there any medication, which may help to prevent mother to child HIV transmission?	Yes……1 No…….2 Don't know……..98 No response……99 Others (specify)…28
142	If the answer to q 138 is yes, how much do you think is the risk of HIV transmission from mother to child, if the mothers do not	All children born to infected mother acquire the

	use any preventive medication?	infection……..1 About 50 % children acquire infection……..2 I don't know……..3 I don't know the exact figure…….4 No response……..99 Other (specify)……89
143	From where did you get the information about mother to child transmission?	Mass media…….1 Health care provider…2 From friends……4 Home based care providers……..3 No response……99 Other (specify)……..89
144	Do you think medication provided to reduce mother to child transmission actually reduce transmission?	Yes……..1 No ……..2 Don't know……..98 No response……99 Other (specify)….89

PART Four: INFORMATION ON HIV/AIDS AND TREATMENT CONDITIONS

145	How many year/months since HIV diagnosis?	……months or years Don' t remember……1 No response……..99 Other (specify)……..89
146	Have you started to use ARV treatment?	Yes……..1 No……2 No response……99 Other (specify)……89

147	If yes, When did you start receiving ARV treatment?	Before……months or …..years Don't remember…..2 No Response……99 Others(specify)…….89
148	How is your overall health condition after you start receiving ARVT?	Improved……..1 No change……2 Deteriorated……..3 No response…….99 Other (specify)….89
149	How much is your recent CD4 count?	……..in number Don't know……..98 No response……..99 Others (specify)……89
150	How long is since you started pre-ART/ART follow up?	months and …….years Don't remember……1 No response…….99 Other specify……..89
151	Did you get support from different community groups?	Yes……1 No…….2 No response…….99 Other (specify)…….89
152	If yes, from where did you get support?	Relatives/neighbors and friends……..1 NGO's……..2 GO's ……3 No response…….99 Others (specify)…...89
153	If yes for q 151, what kind of support did you get?	Money…….1

		HBC…….2 Counseling……..3 Food/Health care….4 No response……99 Other (specify)……..89
154	Did your counselor /ART provider discuss about child bearing and FP/	Yes……1 No……..2 No response……99 Others (specify)…..89
155	Would you like to discuss with your counselor/ART provider about child bearing, and FP?	Yes……..1 No……2 Don't know….98 No response…99 Others (specify)….89
156	If yes for question 154, did your counselor/ART provider adequately cover issues like child bearing, sexuality and FP	Yes……..1 No……2 Don't know……..98 No response……99 Other specify…….89

PART FIVE: INFORMATION ON REPRODUCTIVE CHARACTTERSTICS AND SEXUALITY

157	Have you had sexual intercourse in the past six months?	Yes…….....1 No…….2 I don't remember….3 No response……99 Other specify…….89

158	When was the last time you had a sexual encounter? (read each option 1-6)	Within past week…….1 Within past month……..2 Within 1-12 months ago…3 Greater than 1 year ago…4 Never…….5 I don't remember……6 No response……99
159	If yes, have you used condom?	Yes……..1 No……..2 I don't remember…..3 No response……99 Other specify…….89
160	If answer for Q 159 yes, why do you used condom?	To prevent pregnancy…..1 Because my partner HIV status is negative to prevent him……..2 To prevent re-infection ……3 No response…….....99 Other (specify)……89
161	If the answer for Q 159 no, why did not you used condom?	I want to have children…….. ……..1 My partner did not like it …….2 No response……99 Other (specify)……..89
162	Did you disclose your serostatus to your partner?	Yes……1 No…….2 No partner……....3 No response……99

		Other specify……89
163	Does your partner have HIV test?	Yes……..1 No……...2 No partner…….3 I don't know……....98 No response……99 Other specify…….89
164	What was his/her test result?	Positive ……..1 Negative……..2 I don't know…….....98 No response……..99 Other specify……89
165	Have you got counseling about preventing re-infection for new strain of HIV virus?	Yes…..1 No……..2 Do not remember…..3 Other (Specify)……4
166	Have you counseled about HIV prevention and counseling?	Yes…..1 No……..2 Do not remember…..3 Other (Specify)……4
167	A woman who is HIV-positive has the right to get pregnant and give birth to a baby. Would you say you...? (Read each response option 1-4)	Strongly agree……..1 Somewhat agree……..2 Somewhat disagree….3 Strongly disagree…….4 Don't know…….98 No response……..99
168	A woman who is HIV-positive should not abstain from sexual relations. Would you say you…? (Read each response option 1-4	Strongly agree…..……1

		Somewhat agree……..2 Somewhat disagree……3 Strongly disagree……..4 Don't know……98 No response……99

ANNEX II: የቃለመጠይቅ ቅጽ (STRUCTURED QUESTIONNAIRE)

በአዲስ ኮንቲኔንታል የህብረተሰብ ጤና አጠባበቅ ኢኒስቲቱት ከኤች.አይ.ቪ ቫይረስ ጋር የሚኖሩና በአዲስ አበባ የጸረ ኤች.አይ.ቪ/ኤድስ የህክምና መስጫ ጣቢያዎች ተከታታይ ህክምና የሚያደርጉ ሴቶች የመዉለድና የቤተሰብ ምጣኔ አገልግሎት ፍላጎታቸዉን እና እየተጠቀሙ መሆናቸዉን ለማጥናት የተዘጋጀ መጠይቅ፡

ክፍል አንድ- መረጃ ስለ ማህበራዊ ሁኔታ

ተ.ቁ	ጥያቄዎች	መልስ ሊሆኑ የሚችሉ ዝርዝሮች
101	እድሜዎ ስንት ነዉ?	.....አመት(እድሜ በሙሉ አመት ይገለጽ)
102	ሐይማኖትዎ ምንድን ነዉ?	ኦርቶዶክስ.....1 ካቶሊክ.....2 ሙስሊም.....3 ፕሮቴስታንት.....4 ሌላ ካለ ይገለጽ.....89
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150	የቅድመ ጸረ ኤች.አይ.ቪ. ወይንም የጸረ ኤች.አይ.ቪ. ኤድስ ህክምና ክትትል ሲያደርጉ ስንት ጊዜ ሆነዎት?	.....ወር.....አመት አላስታዉስም.....1 መልስ የለም.....99 ሌላ ካለ ይገለጽ....89
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153	ምን አይነት ድጋፍ ነዉ የሚያገኙት?	የገንዘብ……..1 የቤት ዉስጥ እንክብካቤ……2 የምክር……..3 የምግብና የጤና አገልግሎት…….4 መልስ የለም……99 ሌላ ካለ ይገለጽ……89
154	ከአማካሪዎ/ከጸረ ኤች.አይ.ቪ ኤድስ ህክምና ሰጭ ሃኪምዎ ጋር ስለ ልጅ መዉለድና የቤተሰብ ምጣኔ አገልግሎት ተወያይተዉ ያዉቃሉ?	አዎን……1 አላዉቅም……98 መልስ የለም…….99 ሌላ ካለ ይገለጽ…..89
155	ከአማካሪዎ/ከጸረ ኤች.አይ.ቪ ኤድስ ህክምና ሰጭ ሃኪምዎ ጋር ስለ ልጅ መዉለድና የቤተሰብ ምጣኔ አገልግሎት መወያየት ይፈልጋሉ?	አዎን……1 አልፈልግም……..2 አላዉቅም……98 መልስ የለም…….99 ሌላ ካለ ይገለጽ…..89
156	ለጥያቄ ቁጥር 154 መልሱ አዎን ከሆነ ከአማካሪዎ ጋር ስለ ልጅ መዉለድና የቤተሰብ ምጣኔ አገልግሎት ጉዳዮች ላይ የሚያደርጉት ዉይይት በቂ ነዉ?	አዎን……1 አይደለም……..2 አላዉቅም……..98 መልስ የለም…….99

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158	መቼ ነው ለመጨረሻ ጊዜ ወሲብ የፈፀሙት? (ከ1-6 ያሉትን አማራጮች ያንብቡ)	ባለፈው ሳምንት ውስጥ.....*1* ባለፈው ወር ውስጥ.....*2* ባለፉት ከ*1 - 12* ወራት ውስጥ.....*3* ከአንድ ዓመት በፊ.....*4* በፍጹም.....5 አላስታዉስም.....6 መልስ የለም.....99
159	ለጥያቄ ቁጥር 157 መልሱ አዎን ከሆነ ኮንዶም ተጠቅመዉ ነበር?	አዎን……..1 አልተጠቀምኩም……2 አላስታዉሰዉም…….3 መልስ የለም…….99 ሌላ ካለ ይገለጽ…….89
160	ለጥያቄ ቁጥር 159 መልሱ አዎን ከሆነ ኮንዶም የተጠቀሙት ለምንድን ነዉ?	ርግዝናን ለመከላከል……1 የትዳር/የጾታ ጓደኛዬ ከኤች.አይ.ቪ ቫይረስ ነጻ ስለሆነ እንዳይያዝ……2 ለተጨማሪ ኤች.አይ.ቪ ቫይረስ ላለመጋለጥ…….3 መልስ የለም……99 ሌላ ካለ ይገለጽ……89
161	ለጥያቄ ቁጥር 157 መልሱ አልተጠቀምሁም	ልጅ እንዲኖረኝ ስለምፈልግ……1

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162	የኤች.አይ.ቪ ኤድስ የደም ምርመራ ዉጤትዎን ለትዳር/ለጾታ ጓደኛዎ አሳዉቀዋል?	አዎን.....1 አላሳወቅሁም.....2 የትዳር/የጾታ ጓደኛ የለኝም.....3 መልስ የለም.....99 ሌላ ካለ ይገለጽ.....89
163	የትዳር/የጾታ ጓደኛዎ የኤች.ኤይ.ቪ ኤድስ የደም ምርመራ አድርገዋል?	አዎን.....1 አላደረገም.....2 የትዳር/የጾታ ጓደኛ የለኝም.....3 አላዉቅም.....98 መልስ የለም.....99 ሌላ ካለ ይገለጽ.....89
164	ለጥያቄ 163 መልሱ አዎን ከሆነ የኤች.አይ.ቪ ኤድስ የደም ምርመራ ዉጤታቸዉ ምን ነበር?	ፖዝቲቭ/ቫይረሱ ያለባቸዉ.....1 ኔጋቲቭ/ከቫይረሱ ነጻ .....2 አላዉቅም.....98 መልስ የለም.....99 ሌላ ካለ ይገለጽ.....89
165	ለተጨማሪ ወይንም ዝርያዉ ለተለየ ቫይረስ እንዳይጋለጡ የምክር አገልግሎት ተሰጥቶዎታል ወይ?	አዎን.....1 አልተሰጠኝም.....2 አላስታዉስም.....3 ሌላ ካለ ይገለጽ.....4
166	ስለ አባላዘር በሽታዎች መከላከልና ህክምና በተመለከተ የምክር አገልግሎት ተሰጥቶዎታል ወይ?	አዎን.....1 አልተሰጠኝም.....2 አላስታዉስም.....3 ሌላ ካለ ይገለጽ.....4

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167	አንዲት ኤች አይ ቪ ቫይረስ ያለባት ናት የማርገዝና ልጅ የመውለድ መብት አላት። / ከ1-4 ያሉትን አማራጮች ያንብብ/ ርሰዎ በዚህ ጎላብ	በጣም ስማማለሁ.....1 በከፊል ስማማለሁ.....2 በከፊል አልስማማም.....3 በጣም አልስማማም.....4 አላውቅም .....98 መልስ የለም.....99
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Annex- 3: In-depth Interview guide

Addis Continental Institute of Public Health In-depth Interview guide on fertility desire and demand for FP in HIV positive women on follow up of care in Addis Ababa Hospital and Health center ARV treatment units.

PART 1: Socio-demographic characteristics

1. How old are you? (Age in completed years

2. Marital status

3. What is your current occupation?

4. What is your Ethnicity?

5. What is your Religion?

6. What is your total monthly income in Birr?

7. What is the highest education level you completed?

Part-2: Information on fertility and child desire

8. Currently how many alive children do you have?

Age ____

Their Sex_____

Their HIV status----------

9. What is your plan in future with regard to have or not to have children?

10. What do you think are the reasons for you to feel like this?

11. How important is for your partner to have or not to have more children?

12. What effect if any does HIV on your desire to have or not to have (more) children?

13. How many more children you want to have and why?

14. How important are children in the community? And how that affects you

Do you think HIV changed the way people in your community think about the number of children you want to have? Explain

PART-3: FP service and information

1. How important is it for you to use or not to use FP?

- What are some of the reasons for the way you feel about this?

2. How important is for your partner to use or not to use FP?

- What do you think are the reasons for your partner to feel like that?

3. What effect if any does HIV has on your demand to use or not to use FP?

4. What methods of FP are using currently?

- Have you heard about using Condom with other FP method? (Like pills, Injectables etc)
- What method of FP do you want to use/ are using? And how and why do you prefer that method?

5. Have you ever discussed about your serostatus to your FP provider? why?

- Have you ever discussed about your status to your partner/family?

6. Do you want to discuss about fertility, sexuality and FP with your counselor and ART provider? Why?

7. What effect if any does HIV on your sexual feeling and sexuality?

8. What do you know about PMTCT Services? Explain?

Do you think medications used to prevent MTCT of HIV reduce the chance of transmission of HIV?

Annex-3: **የዝርዝር ቃለ መጠይቅ መመሪያ** (In-depth Interview Guide)

በአዲስ ኮንቲኔንታል የህብረተሰብ ጤና አጠባበቅ ኢኒስቲቱት ከኤች.አይ.ቪ ቫይረስ ጋር የሚኖሩና በአዲስ አበባ የጸረ ኤች.አይ.ቪ/ኤድስ የህክምና መስጫ ጣቢያዎች ተከታታይ ህክምና የሚያደርጉ ሴቶች የመዉለድና የቤተሰብ ምጣኔ አገልግሎት ፍላጎታቸዉን ለማጥናት የተዘጋጀ መጠይቅ መመሪያ፡

ክፍል አንድ፡ መረጃ ስለ ማህበራዊ ሁኔታ

1. እድሜዎ ስንት ነዉ?

2. የጋብቻ ሁኔታ

3. በአሁኑ ሰአት ስራዎ ምንድን ነዉ?

4. ብዜርዎ ምንድን ነዉ?

5. ሀይማኖትዎ ምንድን ነዉ?

6. የወሩ ጠቅላላ ገቢዎ ስንት ነዉ?

7. የትምህርት ደረጃሽ ምን ያህል ነዉ?

ክፍል-2፡ መረጃ ልጅ ስለማግኘት ፍላጎት

8. በአሁኑ ወቅት ስንት በህይወት ያሉ ልጆች አሉዎት?

እድሜ.....

የኤች.አይ.ቪ ሁኔታ.....

9. ልጅ ስለመዉለድና አለመዉለድ ላይ የወደፊት እቅደዎ ምንድን ነዉ?

10. ለዚህ አይነት ስሜትዎ ምክንያቱ ምንድን ነዉ ብለዉ ያስባሉ?

11. ተጨማሪ ልጅ መወለዱ ለትዳር/የጾታ ጓደኛዎ ምን ያህል ጠቀሜታ አለዉ?

12. ኤች.አይ.ቪ በርሰዎ ልጅ የመዉለድና ያለመዉለድ ፍላጎት ላይ ያለዉ ተጽዕኖ ካለ ይግለጹ

13. ምን ያህል ተጨማሪ ልጆች እንዲኖርዎት ይፈልጋሉ?

ለምን?

14. ልጆች በህብረተሰቡ ዉስጥ ምን ያህል ጠቃሚ ናቸዉ?

ይህ በርሰዎ ላይ ያለዉ ጫና ምንድን ነዉ?

ኤች.አይ.ቪ በአካባቢዎ ያሉትን ሰዎች ስለ ልጅ ቁጥር ያላቸዉን አመለካከት ቀይሯል ብለዉ ያስባሉ?

በዝርዝር ያስረዱ.....

ክፍል.3- የቤተሰብ ምጣኔ አገልግሎትና መረጃ

1. የቤተሰብ ምጣኔ መጠቀምና አለመጠቀም ለእርስዎ ያለዉ ጠቀሜታ ምንድን ነዉ?

- ይህንን እንዲያስቡ ያደረገዎት ምክንያት ምንድን ነዉ?

2. ለትዳር/ለጾታ ጓደኛዎ የቤተሰብ ምጣኔ መጠቀም ወይንም አለመጠቀም ያለዉ ጠቀሜታ ምንድን ነዉ?

- ለትዳር/ለጾታ ጓደኛዎ ይህ እንዲሰማዉ ያደረገዉ ምንድን ነዉ ብለዉ ያስባሉ?

3. ኤች.አይ.ቪ. የቤተሰብ ምጣኔ በመጠቀምና አለመጠቀም ፍላጎትዎ ላይ ተጽዕኖ ከአለዉ ይግለጹ.

4. በአሁኑ ወቅት ምን አይነት የቤተሰብ ምጣኔ እየተጠቀሙ ነዉ?

- ኮንዶምን ከሌላ የቤተሰብ ምጣኔ ጋር አብሮ ስለመጠቀም ሰምተዉ ያዉቃሉ (ክኒን፣መርፌ ከመሳሰሉት ጋር)?
- ምን አይነት የቤተሰብ ምጣኔ መጠቀም ይፈልጋሉ/እየተጠቀሙ ነዉ?
- ለምንና እንዴት ይህንን መረጡ?
- የት ነዉ የሚያገኙት?
- ከሌላ የጤና ተቋም የሚጠቀሙ ከሆነ ለምን ያንን የጤና ተቋም መረጡ?

5. ስለ ራስዎ የኤች.አይ.ቪ. ሁኔታ የቤተሰብ ምጣኔ አገልግሎት ከሚሰጥዎ ባለሞያ ጋር ተወያይተዉ ያዉቃሉ? ለምን?

- ከትዳር/የጾታ ጓደኛዎ ወይንም ከቤተሰብ ጋርስ ተወያይተዉ ያዉቃሉ?

6. ከምክር አገልግሎት ሰጭዎ ወይንም የጸረ ኤች.አይ.ቪ. አገልግሎት ሰጭዎ ጋር ስለ መዉለድ፣ግብረ ስጋ ግንኙነትና የቤተሰብ ምጣኔ መወያየት ይፈልጋሉ?

ለምን?

7. ስለ ቤተሰብ ምጣኔ አገልግሎት ያለዎት አመለካከት ምን ይመስላል? (የሚፈልጉትን የቤተሰብ ምጣኔ አገልግሎት አይነት ከማግኘት አንጻር; የባለሞያዎችን ምክርና መስተንግዶ በተመለከተ; የቤተሰብ ምጣኔ ዘዴዉ የሚያስከትለዉ የጎንዮሽ ጉዳትን በተመለከተ)

8. ኤች.አይ.ቪ. በወሲብ ስሜትዎ ላይና በግብረ ስጋ ግንኙነት ላይ የሚያመጣዉ ተጽዕኖ ካለ ይግለጹ.
ኤች.አይ.ቪ. ከእናት ወደ ልጅ እንዳይተላለፍ ለማድረግ ስለሚደረገዉ አገልግሎት ያዉቃሉ?

ይግለጹ.

9. ኤች.አይ.ቪ. ከእናት ወደ ልጅ እንዳይተላለፍ ለማድረግ ህክምና የኤች.አይ.ቪ. መተላለፍ እድልን ይቀንሳል ብለዉ ያስባሉ?